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CONFIRMATION NO. 7447

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/686,863	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 021630-000522US	
<b>APPLICANTS</b> Michael V. Chobotov, Santa Rosa, CA; Brian A. Glynn, Santa Rosa, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/122,474 04/11/2002 ABN which is a CIP of 09/917,371 07/27/2001 PAT 6,761,733 which is a CIP of 09/834,278 04/11/2001 PAT 6,733,521					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/22/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 60117					
<b>TITLE</b> Delivery system and method for bifurcated graft					
<b>FILING FEE RECEIVED</b> 531	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		